East Africa Share Fair: Knowledge Exchange to Accelerate Progress Toward FP2020's Goal

Event Report

September 10 – 11, 2014

Arusha, Tanzania

East Africa Share Fair:
Knowledge Exchange to Accelerate Progress
Toward FP2020's Goal

Event Report

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Executive Summary

The Knowledge for Health (K4Health) Project planned and hosted a two-day event, entitled "East Africa Share Fair: Knowledge Exchange to Accelerate Progress Toward FP2020's Goal," in Arusha, Tanzania, September 10-11, 2014. The East African region has relatively low rates of modern contraceptive use, and while countries are making commitments to improving family planning (FP), more work remains to be done. The goal of this event was to bring together program managers, FP2020 country representatives, and other key stakeholders working in FP, and to provide them with a space to learn from each other and to practice using knowledge management (KM) tools and approaches that can help them meet their countries' specific FP goals.

Participants having a discussion at the Share Fair.

The agenda allowed participants to practice KM techniques—for example, storytelling and peer-to-peer knowledge exchange. While there were a number of plenary presentations to ensure that participants had common ground to start from, smaller group discussions—in the form of breakout sessions and knowledge cafés—provided a space for more in-depth analysis and problem solving. While most presentations focused on KM in the context of FP, others presented KM experiences and successes from non-FP fields that can be applied to meeting FP2020's goal.[1].

Themes that rose out of this event included: the need to encourage a culture of knowledge exchange in order to learn from each other and the importance of using KM tools in order to improve FP service delivery and systems.

During both days of the event, participants gathered and shared information to help them integrate KM strategies within their FP work. The post-event evaluation was overwhelmingly positive; participants reported learning important lessons that will help them support FP through the implementation of KM activities in the East Africa region. They also felt that the participant list was well-selected and allowed them to network with colleagues with whom they can share strategies, experiences, and case studies.

Overall, K4Health's first regional Share Fair successfully brought together FP implementers and provided a fun, interactive event that allowed them to practice KM strategies that they can apply in their everyday work. The momentum from this event will be channeled into the formation of a Global Health Knowledge Collaborative (GHKC) East Africa affiliate—which will include a listserv for members to continue the discussion from this fruitful event. From the post-event survey, we learned valuable information that we will use to plan future K4Health Share Fairs.

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[1] To enable 120 million more women and girls to use contraceptives by 2020.

Background

Based on recent data—as published in The Demographic Health Surveys Program (DHS Program) reports from Kenya (2008-2009), Tanzania (2010), Uganda (2011), and Zambia (2007)—the average total fertility rate[2] in the East African Region is 5.6 and the average current use of modern contraceptive[3] is 31.3%. Given these low rates of modern contraceptive prevalence, the Knowledge for Health (K4Health) Project decided to focus its first "Share Fair" in this region. The event was planned in order to introduce vital knowledge exchange and learning support relevant for FP efforts to help meet the goals laid out by FP2020—specifically, enabling 120 million more women and girls throughout the world to use contraceptives by 2020.

While the goals set by specific governments in the region have varied, they are all ambitious. Below are the FP commitments of some of the priority countries for this event:

- Kenya: Increase CPR from 46% in 2009 to 56% in 2015 and to 70% in 2030.
- Tanzania: Increase CPR from 34% in 2010 to 60% in 2015.
- Uganda: Reduce unmet need for FP from 40% to 10% in 2022.
- Zambia: Increase CPR from 33% to 58% (dates not specified).

A great deal of work remains to be done in order to meet these commitments. The East Africa Share Fair set out to help with the coordination of stakeholders and KM activities around these commitments to ease some of the implementation challenges.

The K4Health Project is the flagship health KM project of the U.S. Agency for International Development (USAID) Bureau for Global Health, Office of Population and Reproductive Health. K4Health is implemented by the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs (JHU·CCP), FHI 360, IntraHealth International, and Management Sciences for Health (MSH), in collaboration with a host of other partners around the world. K4Health works to meet the knowledge needs of health program managers and health service providers, both directly and via capacity strengthening of institutions and organizations.

Group of participants at GHKC event on Day 1

K4Health uses the working definition that knowledge is the capacity to act effectively (in short: "know-how"), and that KM is the systematic process of collecting knowledge and connecting people to it so they can act effectively. Knowledge is generated in many ways, ranging from explicit "book" knowledge to more tacit knowledge that is "in people's heads." This Share Fair is just one technique the project uses in order to encourage collaboration, knowledge exchange, and the use of evidence-based knowledge within FP and global health.

Workshop Objectives

The Share Fair brought together program managers, FP2020 country representatives, and other key stakeholders working in FP to share KM tools and approaches, build KM capacity, and participate in growing a network of KM practitioners who work at the intersection of FP and KM in East Africa. The Share Fair used KM approaches throughout the event (for example, peer-to-peer sharing, knowledge cafés, etc.) and offered participants the opportunity to gather and exchange tools to integrate KM strategies in their own programs. The agenda was structured to focus on practical ways to exchange and use information by using KM techniques.

Specific objectives of the Share Fair were as follows:

1. Demonstrate how the use of KM techniques can enhance FP program activities, contribute to improved FP outcomes, and further FP2020 goals in the region.

2. Share examples of successful and effective FP programming in East Africa that have used KM strategies, tools, practices, and technologies and the ways in which these approaches can be more widely leveraged and/or replicated at a global level.

3. Build the capacity of FP program managers in the design, implementation and evaluation of KM for family planning programs.

4. Foster a community and make connections among those working at the intersection of KM and FP in the East Africa region.

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[2] Total Fertility Rate: three years preceding the survey and the percentage of women 15-49 currently pregnant, by selected background characteristics. The DHS Program.

[3] Current use of contraception among currently married women: percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics. The DHS Program.

Funded by USAID, the workshop was facilitated by K4Health on September 10-11, 2014, at the Kibo Palace Hotel in Arusha, Tanzania. The event was in support of FP2020 and members of FP2020 participated, presented, and assisted with planning the event.

The full agenda is included in Appendix B.

Audience

Forty-nine participants attended the event from Tanzania, Kenya, Uganda, and Zambia, including FP program managers, policy makers, FP2020 working group leads from East Africa, and other professionals who influence (or have the potential to influence) FP programs. KM champions working on non-FP focused activities in East Africa also attended to share their experience and discuss how it could be applied in a FP context.

Pre-evaluation Results

A week prior to the event, K4Health sent all 79 registrants an online survey with seven questions designed to help the project better understand the audience and evaluate their previous exposure to KM (see appendix C for full survey). There were 34 respondents, most of whom identified themselves as working for a NGO/PVO as program managers and technical advisors. See Figures 1 and 2 for the exact breakdown.

Figure 1. Organization Type
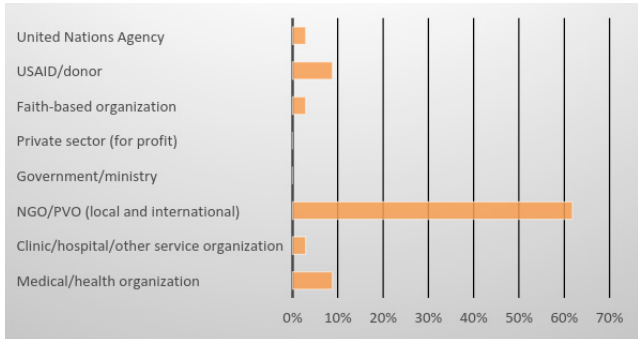
Participants' responses to the question about their job function was in line with K4Health's target audience for the event—primarily program managers, technical advisors, and service providers.

Participants' reasons for attending the Share Fair were "to learn more about knowledge management," "to learn more about family planning in the East Africa Region," and for "networking". See Table 1 for full summary results from this question.

When asked if they had a background in KM, 53% of respondents said yes and 47% said no. When asked about their comfort level with KM, 44% indicated they were "proficient" in KM, while 56% responded "novice." No respondents defined themselves as experts.

Figure 2. Job Function
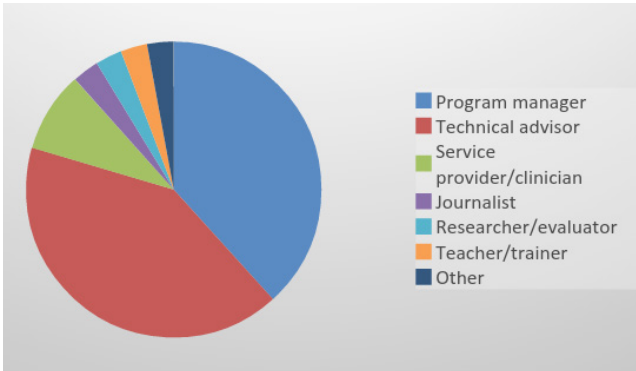
Event Highlights

The two-day event included a number of sessions and plenaries focused both on FP and KM. The Share Fair also exposed participants to a variety of knowledge sharing techniques, including a knowledge café and storytelling. Below are the highlights from each session:

Table 1. What is your main reason for attending the Share Fair? (check all that apply)

Answer Choices	Responses
To learn more about knowledge management	23
To learn more about FP in the East Africa Region	21
Networking	16
To share FP strategies with my colleagues	14
To present at a session	5
Other	1
Total Respondents	32 (2 skipped)

Day 1

Opening Remarks

The Share Fair opened with remarks from Dr. Tara Sullivan (K4Health's Project Director), Mr. Maurice Hiza (the National FP Coordinator for Tanzania's Ministry of Health and Social Welfare [MOHSW]), Miriam Lutz (Health Director of USAID Tanzania), and Andréa Ferrand (Program Assistant for the USAID Bureau for Global Health in Washington). The four presenters' passion and vision for FP in the region and in Tanzania moving forward resounded throughout their respective remarks.

Tara Sullivan, K4Health's Project Director, opened the day introducing the different esteemed leaders that joined the event from both Tanzania and Washington, DC.

> **"We need to learn from each other and propose solutions. We are united by our promises and our president's promises to make a difference in the lives of women and girls."**
>
> -Maurice Hiza, MOHSW Tanzania

Maurice Hiza, from the MOHSW, spoke of the direct relationship between demand for FP and increasing women's education. Hiza highlighted that there are still 25% of Tanzanian women who have an unmet need for contraceptives and FP, and there is much that remains to be done. "There is renewed energy and momentum for family planning in East Africa – we need to use this energy," he said. Hiza highlighted positive data trends in Tanzania that suggest a reduction in unmet need. He stated that Tanzania is moving towards more comprehensive FP support for women and especially youth. Hiza closed by saying, "There is a global movement. A new way of working together and today's event is one example of how to learn together. We need to share challenges and propose solutions. And be united in our promises."

> **"Carry a culture of knowledge exchange from this meeting back to your respective organizations and offices."**
>
> - Miriam Lutz, USAID Tanzania

Miriam Lutz from USAID Tanzania said, "Our goals are ambitious so it takes all of our minds together." Lutz stated that to really reach FP2020 goals, coordination and work across health sub-sectors and across areas is needed. She said that providers must offer evidence-based information to clients and provide them access to experts and expertise to improve quality health care. They also need the right tools to provide the right knowledge at the right time. Another important angle is about enhancing coordination and reducing duplication of efforts, which brings synergy and effectiveness to our work.

> **"Synthesizing is a key area. We must generate, organize, synthesize, and share knowledge of family planning needs."**
>
> - Andréa Ferrand, USAID Washington

Expectations

Expectations Wall: Participants placed their expectations for the event on the wall to later be moved when expectations were met.

After the opening remarks, Dr. Sullivan asked participants to take a few minutes to write down expectations they had for the next two days. These expectations were placed on sticky notes and adhered to the wall under "expectations." As the meeting continued and as they saw fit, participants moved their sticky note from the "expectation" category to beneath the 'expectations met' banner.

Expectations were focused on a few different general topics, including:

- To share information and learn from neighboring countries.
- To learn more about KM.
- To receive KM tools and resources for FP.
- To network and connect with FP peers in the region.
- To learn more about FP generally.

Plenary: FP2020 Global and East Africa Regional Perspective

Following the opening remarks, Halima Shariff led the first plenary as a representative of FP2020. She began by sharing the 75 commitments that were made by countries around the world at the July 2012 London Summit on Family Planning and subsequent events. Shariff highlighted progress made in many countries and the East Africa Region in meeting the FP2020 Goal of reducing unmet need. On November 3, 2014, FP2020 will release their latest progress report showing country goal status. She outlined the many issues that all of us face in meeting the overall FP2020 goal including operationalizing commitments, competing demands in health and other development sectors, accountability, and funding, among others.

> **"FP2020 is a commitment to women and girls as a global movement."**
>
> - Halima Shariff, Member of Country Engagement Working Group, FP2020

Breakout sessions: Opportunities and Challenges for Family Planning Implementation—Implementer Perspective

Participants had the opportunity to attend one of four sessions that highlighted experiences and best practices from East Africa FP implementers. Below is a brief synopsis of each of the sessions:

- **Costed Implementation Plans** | Sammy Musunga, FHI 360: This presentation defined Costed Implementation Plans (CIP) for FP and used examples from Tanzania, Kenya, and Uganda to better explain the use of the plans. A CIP is a planning and management tool—including cost estimations for multi-year action plans—for achieving the goals of a FP program. There are five main steps to a CIP including: 1) set purpose & direction, 2) assess situation and needs, 3) define & prioritize, 4) cost out interventions, and 5) implement and monitor. One main lesson learned from Tanzania was to aim for a country-owned, government-led CIP so that there is accountability and shared responsibility for ensuring success.

- **HIP Impact Practices for FP (HIPs) – STRIDES Project Example (PPIUD)** | Celia Kakende and Dr. Mildred Latigo, MSH: Since 2009, the STRIDES project in Uganda has partnered with districts, and public and private health providers to strengthen integrated health services. STRIDES particularly focused on reproductive health, FP, child survival and nutrition services in 15

Districts targeting 15% (5.09 million) of the population, of which 250,000 were women likely to get pregnant. Implementation coverage was 588 facilities (188 private and 400 public). Using three key strategies (Fully Functional Service delivery systems, Leadership and Development Programs, and Performance Based Contracting), the project worked to address major issues that keep women from getting appropriate care even when they do manage to get to a service delivery point—including but not limited to: insufficient staff, lack of knowledge and skills, stock outs, lack of equipment, and negative community perceptions. Against this background, the presenters highlighted a case study about postpartum intrauterine device uptake (PPIUDs) in 2012 in selected facilities. The study illustrated a High Impact Practice that taps into a window of opportunity when 42% (UDHS 2006) of women are most likely to interface with a health care service during delivery. Of note, following the intervention in 2012, PPIUD insertion shot up from 0 to 54 clients in the Mityana Hospital. Following the presentation, the audience had a lively discussion about IUDs and someone asked the thoughtful question, "How do you track IUD removals? In Kenya insertions are high but so are removals." Dr. Latigo emphasized that we need champions in the community to reinforce the continued use of this method and approach, and that tracking is extremely important. Ms. Kakende acknowledged that although current HMIS tracks removals of IUDs, it does not indicate whether they were interval or Postpartum insertions. The overall message of the discussion was that a successful PPIUD intervention should include a concerted effort of health workers, village health teams, and clients. Peers and champions all provide a synergistic boost to uptake and continued use of the method and approach to method uptake.

Celia Kakende of the STRIDES Project presentation

- **mHealth in Family Planning: Potential to Expand Community Access to Family Planning Using Accredited Drug Shops** | Jafary H Liana & Dr. Irnei Myemba, MSH: The presenters talked about the lack of standards, accreditation, and regulations for some Tanzania private drug dispensing outlets. In Tanzania, Uganda, and Liberia, MSH is supporting a program to use SMS for dispensers to connect with Pharmacy Council and Regulatory Authorities. There were discussions around the need to expand services, such as FP commodities and FP counseling and training in these outlets. The presenters pointed out that 90% of the dispensers at these private outlets are women, which highlights the gender imbalance of this cadre.

Breakout Sessions: Different Approaches to Improving Family Planning Outcomes

Following lunch—and prior to breaking into smaller groups—each presenter gave very short (one-minute) overviews of their respective breakout sessions. These "lightning round talks" were intended to encourage participation and give participants an idea of what topics and approaches would be highlighted in the various breakout groups. Participants chose to attend one of the following four sessions:

- **A SMART Advocacy Approach** | Halima Shariff, AFP/JHU·CCP: Following her presentation in the morning, Shariff used the afternoon session to focus on advocacy in FP and the SMART advocacy approach. Illustrated in Figure 3 are the nine important steps to SMART advocacy. Phase 1 (steps 1 – 3) covers building consensus; Phase 2 (steps 4 – 6) involves focusing your efforts; and Phase 3 (steps 7 – 9) addresses achieving change. She went on to outline the steps and talk about the importance of advocacy at every level, but especially at the policy level.

> **"If you come across a woman with a baby, she needs family planning. If not given, consider it a lost opportunity."**
>
> - Farridah Mgunda, URC/ASSIST Project

- **The Power of Improvement Science** | Elizabeth Hizza & Farridah Mgunda, URC/ASSIST: During this session, the presenters spoke about improvement science as a means to identify staffing concerns, stock outs, and other issues that plague health workers and clinics. The main theme was that quality improvement can save lives because it can identify where training and/or integration is needed to improve service provision. The

research shows that people need clinics to fill multiple roles, so clinics are starting to create one-stop shops for health—maternal care, newborn, infant, and child care, and family planning. "If you come across a woman with a baby, she needs family planning. If not given, consider it a lost opportunity," Mgunda stated.

- **Knowledge Management to Improve Family Planning Outcomes** | Tara Sullivan, JHU·CCP: This presentation took participants through an initial introduction to KM, the KM systematic process, and a case study using the Bangladesh Knowledge Management Initiative (BKMI). The presentation addressed the challenges in lack of collaboration and resources, conflicting messages and reinventing the wheel—problems that KM strives to solve. Sullivan emphasized collaboration and how, when we work together, problems are more easily solved and costs can be greatly reduced. Sullivan stated, "Our resources are few and we need to build on each other's work rather than work in parallel. KM needs to be part of everyone's job."

Figure 3. AFP SMART in 9 Steps
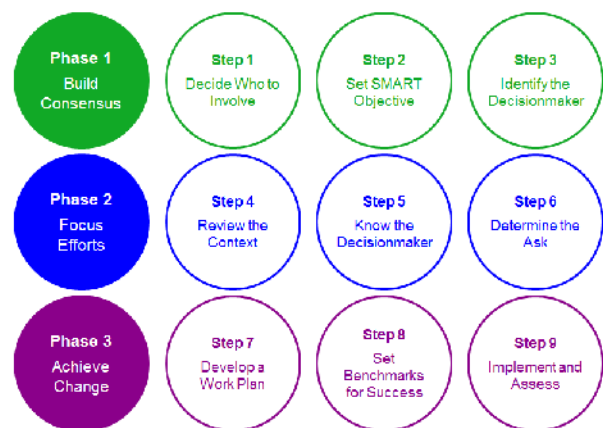
- **Demand Generation for Life-Saving Commodities** | Heather Chotvacs, HC3: The presentation started with a general introduction to demand generation. Chotvacs described how social and behavior change communication (SBCC) and social marketing techniques increase awareness and demand for health products and services, which can lead to increased demand for different commodities She spoke about factors that can limit demand including too few human resources for health, myths about side effects, and social stigma. She then presented the HC3 Demand Generation iKit, a user-friendly package that synthesizes information around demand generation and BCC on many different topics.

After the breakout session presentations, participants were asked to use flip chart paper to draw a picture (using no words) that best represented the "story" and theme from their respective discussions. The drawings from each of the four sessions were displayed in the plenary room so everyone could see them and vote on the image they thought best matched the title presentations from the sessions. After voting, designated participants explained how their images related to their presentation. This exercise demonstrated the technique of storytelling, which is often used in organizations as a knowledge exchange tool to share knowledge in interesting or inspiring ways. Language used in storytelling is based on experience (not evidence oriented) and its narrative form can be interesting and attractive to many participants. The medium was particularly poignant because orator and storytelling are very common types of communication in this part of the world. The image below is an example of the drawing that represented The Power of Improvement Science presentation.

Visual of The Power of Improve Science breakout session for storytelling activity.

Knowledge Café: Knowledge Management Tools

A knowledge café is a creative way to share information. In a knowledge café, small groups discuss different themes in several rounds. The format is flexible and adapts to foster collaborative dialogue. The Share Fair offered four knowledge café sessions and participants had the opportunity to attend each 15 minute session. Below are some highlights from the sessions:

- **FP2020 Integrated Knowledge Sharing Platform** | Rati Bishnoi, FP2020: By January 2015, the FP2020 website will be replaced by the Integrated Knowledge and Accountability Platform. Bishnoi said the platform will facilitate activities at the country level and show progress towards FP2020 commitments. Users can

learn from other country experiences, create linkages, participate in a community dialogue around these ideas, and discuss activities. It will also be a repository for FP2020 resources. "Commitments are not just a moment in time," said Bishnoi.

- **Blended Learning** | Willow Gerber, MSH & Amanda Puckett, IntraHealth International: Knowledge management activities can be seen as part of a spectrum. Blended learning is a combination of learning media and learning environments that can help cover KM across its whole spectrum and helps reinforce relevant learning and accelerate mastery and application of this learning to the job. The presenters talked in general about the benefits of blended learning and provided a case study of a mobile interactive voice response eLearning course in Senegal that provided "refresher" training to participants who attended a course on FP myths and misconceptions. Facilitator, Willow Gerber, left the participants with these thoughts, "You've been preparing for blended learning your whole life," and "blended learning takes into account where we are today: at the intersection of face-to-face and virtual learning."

- **Toolkits** | Rebecca Shore, JHU·CCP: The presenter explained a few different models of toolkits, including K4Health's toolkits and the HC3 iKit on Demand Generation. The conversation then focused on where participants find information, what challenges they experience, and their preferences for where they access information, using toolkits as one example.

- **High Impact Practices Tools** | Ados May, IBP/Pathfinder and Sara Mazursky, JHU·CCP: May discussed HIPs tools, such as briefs, the map, and success stories, and participants offered feedback on the different tools. Many were unaware of what the high impact practices were—much less the resources available to them on the HIPs website. The group discussed the benefit of sharing work related to these FP practices in different spaces (HIPs vs. project website) asked several questions related to intellectual property of the stories. Participants were interested in the integration of stories/briefs with evidence to support them, and suggested that evidence be more explicit in the briefs or be included somewhere on the site.

Day 1 ended with a wrap-up discussion that allowed participants to reflect on the day and what they had learned. The following are a few of the quotes that came out of this discussion:

- "KM is required for FP success."
- "I'm not too old for eLearning."
- "Our work is easier now than a decade ago with these KM tools."
- "There is so much we can borrow and lift from to take back to the community."

Participants were also shown a Whiteboard video as a brief preview of Day 2. Click on the still frame below to see the full video.
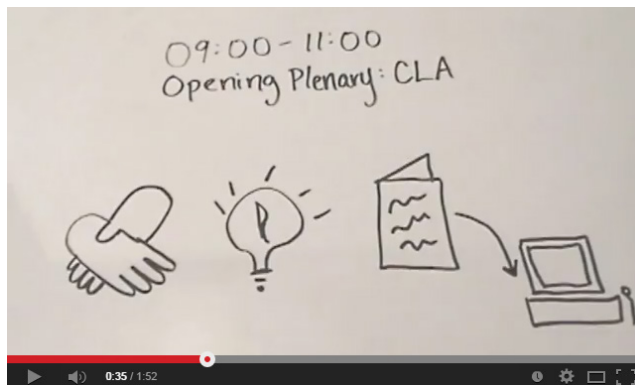
The day culminated in a Global Health Knowledge Collaborative (GHKC) event that explained what GHKC was and started discussions around having an East Africa GHKC affiliate.

Day 2

Plenary: Collaborating, Learning & Adapting: A USAID and Uganda Perspective

Day 2 of the Share Fair began at the "expectations wall" with participants moving expectations that had been met (from those posted on the wall on Day 1) to the "met expectations" side of the wall. Stacey Young from USAID Washington then opened Day 2 with an inspiring welcome message about Collaborating, Learning & Adapting (CLA). She asked the group to think about three questions throughout the day and beyond:

1. What can other sectors learn from your KM experiences?

2. How can we better collaborate with local stakeholders?

3. How can USAID help you learn, adapt, and remove obstacles?

Young laid the groundwork for a great line-up of presenters talking about KM and thinking through KM and CLA concepts in the context of their everyday work.

- **Collaborating, Learning & Adapting for More Effective Development Programs** | Stacey Young, USAID Washington, joined us through screencast and spoke about the CLA program USAID is starting to implement at the mission level throughout many countries. It focuses on collaborating with both private and public organizations, learning continuously, and adapting to country context. It is a more analytical and adaptive approach. "We are improving collaborating and learning to move from stove pipes to energy; to get best practices off the shelf and into programs; and evolving and adapting as we go."

Stuart Belle of the QED Group presents on Uganda's MELP.

- **USAID/Uganda's Monitoring, Evaluation & Learning Program** | Stuart Belle, The QED Group, furthered the CLA discussion by talking about the USAID Uganda mission, which is implementing several CLA concepts in the Monitoring, Evaluation & Learning Program (MELP). He emphasized learning at all levels of implementation and more of an adaptive management approach that allows for recalculations throughout an agenda. The MELP project also has a strong focus on the CLA concepts, including collaboration. To illustrate collaboration, Bell used the example of children's parallel play; we are all like kids playing "together" in a sandbox, but we are actually just in the same sandbox doing other things and not really playing or working together.

Charles Ssemwogerere of Grameen Foundation presents on CKW Initiative in Uganda.

Panel Discussion: KM in Action

Though the event was focused on FP, we felt that highlighting other areas of development that have had great successes with KM—and transferring knowledge from non-FP programs using KM effectively—would catalyze innovation within the FP sector.

- **The Community Knowledge Worker (CKW) Initiative in Uganda** | Charles Ssemwogerere, Grameen Foundation: Ssemwogerere spoke about the CKW in Uganda and how it gives rural farmers access to vital information for their businesses. The CKW uses mobile phones to provide farmers with relevant, timely, and actionable agricultural information through a CKW. A key takeaway was the importance of using a variety of formats in knowledge sharing. Ssemwogerere emphasized that, "No one channel alone is sufficient."

- **Sustainable Knowledge Management** | Mary Munene, Land O'Lakes, Inc. International Development: Munene spoke generally about Land O'Lakes (LOL) and how the development arm of the company works, "it has applied an integrated approach to international economic development that capitalizes on the company's 90 years leading farm-to-market agribusiness."[4] She gave an overview of their KM processes and explained the Cooperative Development Program through LOL that brings different cooperatives together to: enable easier access to technology and services, aggregate production for efficient value addition and marketing, and allow farmers to have a voice in decision making in all areas that affect them. This "Global Enabling Environment" is illustrated in Figure 4. Munene then presented a case study of the Kenya Dairy Sector

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[4] http://www.idd.landolakes.com/

Competitiveness Program and how they used an online portal to get all the data, information, and communication in one place for the farmers to access.

Breakout Sessions: Learning, Collaboration, Monitoring, and Planning

Following lunch, the final breakout session focused on different learning, collaboration, monitoring, and planning programs that support FP in East Africa. Participants had the option of choosing one of the following three presentations:

- **Implementing Best Practices and East, Central and Southern Africa (ECSA) Health Community Documentation** | Dr. Odongo Odiyo, ECSA & Ados May, IBP/WHO: This presentation looked at best practices and how ECSA is implementing best practices and scale-up activities across their work in seven countries. "A Best Practice is only best at that particular time," Dr. Odiyo stated.

- **KMTC Kitui Family Planning Center of Excellence and eLearning (RM)** | Norbett Boruett, IntraHealth International & Bernard Nderitu, KMTC: The presenters explained a collaboration with IntraHealth International and AMREF to strengthen training systems and improve FP/RH service delivery by supporting the training of Kenya's health workforce. In establishing a "Center of Excellence" for FP in a rural training center in Kenya, the program improved training by harnessing eLearning to train nursing and midwifery students as well as faculty. Students reacted very positively to the eLearning courses and the program has emerged as a hallmark of quality eHealth training. Further, it has increased access to FP/RH information on the eLearning site and within the center and skills lab.

Figure 4. Global Enabling Environment
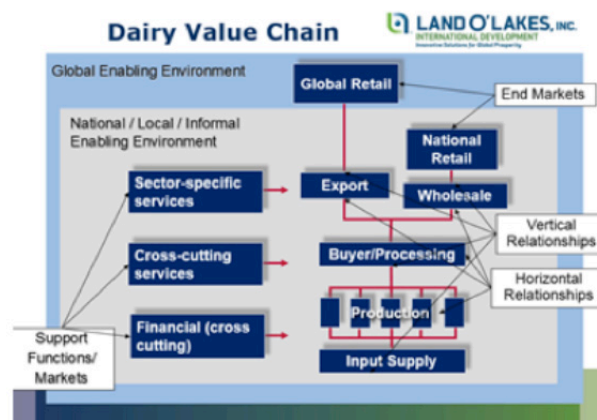
- **The Unmet Need for Using Health Workforce Data** | Amanda Puckett, IntraHealth International & Rose Mwangi, KCMUC: This presentation stressed the importance of quality data to support education and training, registration, deployment, management, and

planning. The presenters discussed encouraging a "culture of data use" to position data as evidence to improve service delivery interventions. Building on the iHRIS software, two case studies of how to use data to improve FP were featured: the Liberia DHIS2 & iHRIS Interoperability Academy and the Medical Education Partnership Initiative (MEPI) at the Kilimanjaro Christian Medical University College.

Closing Plenary

Before the closing plenary, participants took time to move their expectations to the "expectations met" category, as appropriate. Most expectations were met during the event; the only "unmet" expectations were specific to actual implementation of FP activities—such as youth or HIV integration—which are valuable topics, but outside of the scope of the specific meeting objectives.

To begin the closing plenary, K4Health's Tara Sullivan walked the group through the main themes from the event, and reviewed the KM approaches laced throughout the Share Fair. Sullivan highlighted different, important KM resources participants can look to after the event to learn more. Finally, the meeting facilitators discussed next steps and reminded participants of the different platforms they were exposed to throughout the two days (such as Springboard, the FP2020 Integrated Knowledge Sharing Platform, and the Knowledge Gateway site). The GHKC's East Africa affiliate was also mentioned as a large next step to incorporating more KM into the East Africa region. An East Africa affiliate site was added on the Knowledge Gateway, to which participants will be invited in order to continue the conversation and share resources from the Share Fair.

Participant moves some of his expectations on Day 2 into categories.

Post-Evaluation Results

Participants completed an evaluation survey at the end of Day 2. Twenty-six participants completed the survey (many had to leave early to catch outbound flights). The majority of respondents were from Tanzania (15), followed by Kenya, Uganda, and the USA (3). There was one respondent from Zambia and one who said they worked throughout Africa.

Figure 5. Quality of Event Measures

Quality of the Event

Participants were asked to rate different portions of the event: networking, breakout sessions, plenary, presenters, and venue, and facilities. Overwhelmingly, respondents ranked these categories as "excellent." For details, see Figure 5.

Ninety-two percent of respondents said that their KM expertise "greatly improved" and 8% said it "slightly improved." No respondents answered "about the same."

Best Session

Participants' opinions varied on which session was the "best session." Many really enjoyed the CLA presentation from USAID's Stacey Young and the corresponding Uganda example by the QED Group's Stuart Belle. Other favorites were the knowledge café (the blended learning table particularly) and the presentation on PPIUDs. The group favored KM presentations also and mentioned frequently that they would like to see more of these in future events.

More Of

Responses to the question, "What do you wish there had been more of?" were varied. Most respondents were happily satisfied with everything about the event. Others provided suggestions centered on FP and KM, regarding case studies and good examples, impact, research, and application. Other responses that emerged included the need for more time to engage with other participants, share information, and network.

Less Of

The majority of responses to "What do you wish there had been less of?" were none, N/A or blank. However, where there were answers, respondents stated wanting fewer food breaks, and fewer PowerPoint presentations.

Participants having a discussion at the Share Fair.

Describe the Event

Some of the most interesting information came from when we asked participants to describe the event. Here are some of the highlights:

- "Enlightening and major step in reinvigorating knowledge management"
- "A platform for networking, collaboration, and knowledge sharing that should be organized annually"
- "An opportunity to bring together leading practitioners in family planning/health and KM that is supported by evidence to bring positive change to the region"
- "An opportunity to acquire new tools and make new friends"
- "A great opportunity to learn from practitioners, hone skills, and generate ideas"

Other Measures

Additional survey questions had "yes/no" answers, and helped us further understand participants' satisfaction with the event. Accordingly, all respondents:

- Would recommend an event like this to their colleagues
- Learned something at this event that they will use in their work
- Learned something at this event they will share with their colleagues
- Would participate in an event like this again

In response to questions about what participants learned and what they would share with colleagues, we received some rich information. The following word cloud indicates some of the overarching themes and ideas participants left us with.
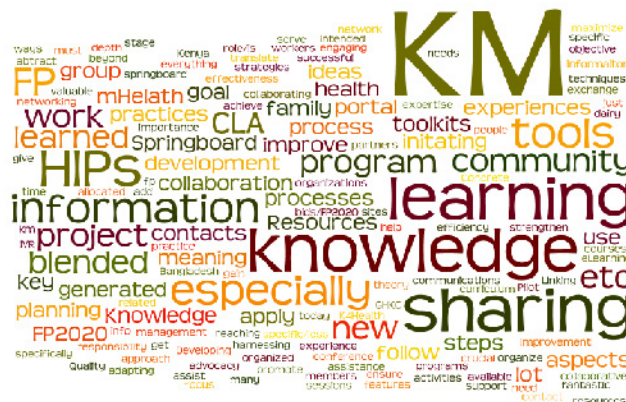
Praise and Comments

Participants used the open comments section of the evaluation to express their gratitude for the event. Here are some illustrative quotes:

- "This event has enlightened me a lot and paved way for networking with diverse expertise. I am confident I will use it this knowledge to improve programming of family planning in Uganda."
- "The participants were well selected and had therefore focused, no language barriers, and the sessions were flowing into each other. So much within a short time - well done - Keep it up!"

Group of participants remaining from the end of Day 2.

Lessons Learned

The following lessons learned—generated by the survey and the team's own After Action Review—are important for planning future Share Fair events:

- Start out the event with an introduction activity so participants know who is at the event.
- Extend the event to three or four days to give participants more time to network and share ideas.
- Have fewer breakout sessions but more knowledge cafés so people can attend all of the sessions.
- Reduce the number and length of the PowerPoint presentations.
- Include a KM 101 at some point during Day 1, so participants are knowledgeable about KM throughout the event.
- Have one point person for logistics and another for strategy for the event.
- Have a single, consistent point of contact from organizers of the event and the USAID Mission.

(See Appendix D for the full survey instrument used in post-evaluation)

Planned Follow-Up

Immediate next steps are as follows:

- Provide participants with presentations and resources from the event and a space to connect virtually: https://knowledge-gateway.org/ghkc/eastafrica/.
- Launch a blog series from the Share Fair.
- Share final Share Fair Report with participants.
- Disseminate "How-to Share Fair" package to others' thinking of doing a similar event and for future K4Health-led Share Fairs.
- Follow-up with participants on GHKC East Africa Affiliate based on interest gathered at GHKC evening event.

Appendix A: Participant List

Last Name	First Name	Organization	Country	Email
Achola	Roselline	UNFPA	Uganda	achola@unfpa.org
Akena	Catherine	Infectious Diseases Institute	Uganda	ayokena@gmail.com
Babyebonela	Lilian	John Snow Inc (JSI)	Tanzania	lbabyebonela@jsi.co.tz
Belle	Stuart	The QED Group, LLC	Uganda	sbelle@qedgroupllc.com
Bishnoi	Rati	FP2020	USA	rati.bishnoi@gmail.com
Boruett	Norbert	IntraHealth International	Kenya	nboruett@intrahealth.org
Brewster	Dorothy	Catholic Relief Services	Tanzania	dorothy.brewster@crs.org
Bwana	Felister	UNFPA	Tanzania	bwana@unfpa.org
Chotvacs	Heather	Population Services International	USA	hchotvacs@psi.org
Ferrand	Andréa	USAID	USA	aferrand@usaid.gov
Gerber	Willow	Management Sciences for Health	USA	wgerber@msh.org
Hiza	Maurice	Ministry of Health and Social Welfare	Tanzania	mauricehiza@gmail.com
Hizza	Elizabeth	URC	Tanzania	ehizza@urc-chs.com
Itemba	Arnold	Arusha Lutheran Medical Center	Tanzania	kalinjuma@yahoo.com
Kazungu	Noel	Population Media Center	Kenya	tkazungu@yahoo.com
Kimambo	Nafikahedi	World Vision	Tanzania	nafikahedi_kimambo@wvi.org
Kimera	Deogratius	John Snow Inc (JSI)	Tanzania	dkimera@tz.pfscm.org
Kombo	Albert	Planned Parenthood Federation of America	Kenya	albert.kombo@ppfa.org
Kyomo	Sekela	URC	Tanzania	skyomo@urc-chs.com
Kyungu	Lucy	World Vision	Tanzania	lucy.kyungu@gmail.com
Latigo	Mildred	Management Sciences for Health	Uganda	mlatigo@msh.org
Liana	Jafary	Management Sciences for Health	Tanzania	jliana@msh.org
Lipingu	Dr Chrisostom	Jhpiego	Tanzania	chrisostom.lipingu@jhpiego.org
Lutz	Miriam	USAID	Tanzania	mlutz@usaid.gov
Madinda	Rosemarie	JHUCCP	Tanzania	rmadinda@jhuccptz.org
Manchester	Chloe	EngenderHealth, Inc	Tanzania	cmanchester@engenderhealth.org
Marona	Cristin	GRM Futures Group	Tanzania	cmarona@futuresgroup.com
Masako	Prudence	Population Services International	Tanzania	pmasako@psi.or.tz
May	Ados	IBP/Pathfinder	USA	avelezmay@pathfinder.org
Mazursky	Sara	JHUCCP	USA	sara.mazursky@jhu.edu
Mgunda	Faridah	URC	Tanzania	fmgunda@urc-chs.com
Mollel	Meshack	Parenthood Association of Tanzania (UMATI)	Tanzania	mmollel80@gmail.com
Munene	Mary	Land O'Lakes IDD	Kenya	mary.munene@idd.landolakes.com
Musokwa	Genevieve	USAID	Zambia	gmusokwa@usaid.gov
Musunga	Sammy	FHI 360	Tanzania	Smusunga@fhi360.org
Mwangi	Rose			mwangirose2000@yahoo.co.uk
Myemba	Irnei	Management Sciences for Health	Tanzania	imyemba@msh.org

Last Name	First Name	Organization	Country	Email
Nakalema	Shadia	Infectious Diseases Institute	Uganda	snakalema@idi.co.ug
Nderitu	Bernard	KMTC	Kenya	nderitu10@gmail.com
Ndyetabula	Agnes	AMREF Tanzania	Tanzania	Agnes.Ndyetabula@amref.org
Ngowi	Anastazia	Moshi Municipal Council - Health Dept	Tanzania	anastazia_ngowi@yahoo.com
Ng'wanakilala	Lulu	The Family Planning Association of Tanzania -UMATI	Tanzania	lulun609@gmail.com
Nyamu	John		Kenya	j_nyamu@yahoo.com
Nzota	Efrancia	Empower Tanzania	Tanzania	efrancianzota16@gmail.com
Orkis	Jennifer	JHUCCP	Tanzania	jorkis@jhuccptz.org
Puckett	Amanda	IntraHealth International	USA	apuckett@intrahealth.org
Richard	John	Chah Community	USA	richowor@yahoo.com
Serlemitsos	Elizabeth	JHUCCP	Tanzania	eserlemi@jhuccptz.org
Shariff	Halima	JHUCCP/AFP	Tanzania	halima.shariff@gmail.com
Shore	Rebecca	JHUCCP	USA	rebecca.shore@jhu.edu
Sichalwe	Benedict	Association of Journalists Against AIDS In Tanzania	Tanzania	bsichalwe@yahoo.com
Ssemwogerere	Charles	Grameen Foundation	Uganda	cssemwogerere@grameenfoundation.org
Sullivan	Tara	JHUCCP	USA	tsullivan@jhu.edu
Tusiime Kakande	Celia	Management Sciences for Health	Uganda	smirembe@msh.org

Appendix B: Agenda

East Africa Share Fair: Knowledge Exchange to Accelerate Progress Toward FP2020's Goal

Agenda

Objectives:

- Demonstrate how the use of KM techniques can enhance family planning program activities; contribute to improved family planning outcomes, and further FP2020 goals in the region.
- Share examples of successful and effective for family planning programming in East Africa that have used KM strategies, tools, practices and technologies and the ways in which these approaches can be more widely leveraged and/or replicated at a global level.
- Build the capacity of family planning program managers in the design, implementation and evaluation of KM for family planning programs.
- Make connections among those working at the intersection of knowledge management and family planning in order to foster a supportive community and broaden the reach of collaborative learning and engagement – particularly in the East Africa region.

Wednesday, September 10, 2014

08:00 – 09:00	Registration & Breakfast		
09:00 – 09:30	**Opening Remarks**	- Mr. Maurice Hiza, Ministry of Health and Social Welfare Tanzania - Miriam Lutz, USAID Tanzania - Ms. Andrea Ferrand, USAID Washington - Dr. Tara Sullivan, Knowledge for Health Project	
09:30– 10:30	**Plenary**	**FP2020 Global and East Africa Regional Perspective** • Ms. Halima Shariff, FP2020 Country Engagement Working Group	
10:30 – 11:00	Tea		
11:00 -12:00	**Breakout Sessions**	**Opportunities and Challenges for Family Planning Implementation - Implementer Perspective** Participants will learn about what the FP opportunities and challenges are for FP implementation in the EA region. Please choose one session to attend.	**Costed Implementation Plans** **HIP Impact Practices for FP (HIPs) – STRIDES Project Example** **mHealth in Family Planning**

12:00 -13:00	Lunch and Springboard Presentation		
13:00-13:15	Family Planning Approaches – Lightening Talks		
13:15 -14:30	**Breakout Sessions**	**Different Approaches to Improving Family Planning Outcomes** Participants will learn about proven approaches that can help improve the effectiveness of family planning programs. Please choose one session to attend.	• **A SMART Advocacy Approach** • **The Power of Improvement Science** • **Knowledge Management to Improve Family Planning Outcomes** • **Demand Generation For Life-Saving Commodities**
14:30 – 15:00	Tea		
15:00 -16:30	**Knowledge Cafe**	**Knowledge Management Tools** Participants will learn about and actively use tools that have been designed to help improve FP programs. Participants will rotate through all topics.	• **FP2020 Integrated Knowledge Sharing Platform** • **Toolkits** • **Blended Learning** • **High Impact Practices Tools**
16:30 – 17:00	Closing Remarks Reflection Day 2 Preview		
17:00 -19:00	GHKC Event		

Thursday, September 11, 2014

08:00 – 09:00	Breakfast		
09:00 – 10:30	**Plenary**	**Collaboration, Learning, Adapting: A USAID and Uganda Perspective** *Participants will learn about CLA, why it's relevant to them and their work, and what CLA looks like in Uganda.* • Dr. Stacey Young, USAID Washington via video • Stuart Belle, QED Group, LLC	
10:30 – 11:00	Tea		
11:00 – 12:30	**Panel Discussion**	**KM in Action** *Participants will learn from cross-sectoral organizations about KM techniques they have used in their programs that can be transferable to family planning.*	• **Grameen Foundation Community Knowledge Workers** • **Land O'Lakes Feed the Future**

12:30 -13:30	**Lunch**		
13:30 -15:00	**Breakout Sessions**	**Learning, Collaboration, Monitoring and Planning** *Participants will learn about and actively use tools that have been designed to help improve FP programs.* *Please choose one session to attend.*	• **Implementing Best Practices and ECSA Documentation** • **KMTC Kitui Family Planning Center of Excellence and eLearning (RM)** • **Data Use for Family Planning**
15:00 – 15:30	**Tea**		
15:30 – 17:00	**Closing Plenary** Buzz Session Activity: Reflections from Day 1 and 2 Knowledge Management Wrap-Up FP2020 Closing Evaluation		

Appendix C: Pre-evaluation

Pre-Evaluation East Africa Share Fair August 2014

1. **Background Information:**

   Name: _____

   Country where you work: _____

   Job Title: _____

   Company: _____

   Gender: _____

2. **What category best describes your organization? (select one)**

   ☐ Medical/health organization
   ☐ Clinic/hospital/other service organization
   ☐ NGO/PVO (local and international)
   ☐ Government/ministry
   ☐ Private sector (for profit)
   ☐ Faithbased organization
   ☐ USAID/donor
   ☐ United Nations Agency
   ☐ Library
   ☐ University
   ☐ Research organization
   ☐ Civil society
   ☐ Health training institution
   ☐ Other, please specify_____

3. **What is your main job function? (select one)**

   ☐ Policy maker
   ☐ Program manager
   ☐ Technical advisor
   ☐ Administrative staff
   ☐ Service provider/clinician
   ☐ Journalist
   ☐ Researcher/evaluator
   ☐ Teacher/trainer
   ☐ Librarian/information officer
   ☐ Student
   ☐ Other, please specify_____

4. **What is your main reason for attending the Share Fair? (check all that apply)**

   ☐ To learn more about FP in the East Africa Region
   ☐ To learn more about knowledge management
   ☐ Networking
   ☐ To share FP strategies with my colleagues
   ☐ To present at a session
   ☐ Other, please specify_____

5. **Do you have a background in knowledge management (KM)?**

   ☐ Yes   ☐   No

6. **How would you rate your comfort level with KM?**

   ☐ Expert
   ☐ Proficient
   ☐ Novice

7. **What do you hope to learn during the Share Fair?**

Appendix D: Post Evaluation

Post-Evaluation: East Africa Share Fair

1. **Background Information:**

   Name: _____

   Country where you work: _____

   Job Title: _____

   Company: _____

   Gender: _____

2. **What category best describes your organization? (select one)**

   ☐ Medical/health organization
   ☐ Clinic/hospital/other service organization
   ☐ NGO/PVO (local and international)
   ☐ Government/ministry
   ☐ Private sector (for profit)
   ☐ Faithbased organization
   ☐ USAID/donor
   ☐ United Nations Agency
   ☐ Library
   ☐ University
   ☐ Research organization
   ☐ Civil society
   ☐ Health training institution
   ☐ Other, please specify_____

3. **What is your main job function? (select one)**

   ☐ Policy maker
   ☐ Program manager
   ☐ Technical advisor
   ☐ Administrative staff
   ☐ Service provider/clinician
   ☐ Journalist
   ☐ Researcher/evaluator
   ☐ Teacher/trainer
   ☐ Librarian/information officer
   ☐ Student
   ☐ Other, please specify_____

4. **What did you expect to learn during this Share Fair?**

   _____

   _____

5. Were these expectations met?

☐ Yes ☐ No

6. Did you attend the Global Health Knowledge Collaborative event on Wednesday, September 10th?

☐ Yes ☐ No

7. Do you plan to continue or initiate involvement in these communities of practice after the Share Fair?

☐ Yes ☐ No

8. How would you rank the quality of the following? (place an X in the corresponding rank)

	Excellent	Good	Fair	Poor
a. Venue and facilities				
b. Presenters				
c. Plenary sessions				
d. Break-out sessions				
e. Networking opportunities				

9. AFTER the Share Fair, has your KM expertise:

☐ Greatly improved ☐ Slightly improved ☐ About the same

10. What session did you enjoy the most, and why?

_____

_____

11. What do you wish there had been more of?

_____

_____

12. What do you wish there had been less of?

_____

_____

13. If you could describe this event in a few words, what would you say?

_____

_____

14. Would you recommend an event like this to your colleagues?

☐ Yes   ☐   No

15. Did you learn something at this event that you will use in your work?

☐ Yes   ☐   No

If yes, what? _____

16. Did you learn something at this event that you will share with your colleagues?

☐ Yes   ` ☐   No

If yes, what?

_____

17. Would you participate in an event like this again?

☐ Y es   ☐   No

15. Other comments:

_____

_____

_____

_____

_____

Contact Us

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